

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>62861</i>	<i>1/10</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>62861</i>	<i>1/27/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>62861</i>	<i>2-11-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>62861</i>	<i>9-22-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	1/10/00
2	✓	✓	1/10/00
3	✓	✓	1/10/00
4	✓	✓	1/10/00
5	✓	✓	1/10/00
6	✓	✓	1/10/00
7	✓	✓	1/10/00
8	✓	✓	1/10/00
9	✓	✓	1/10/00
10	✓	✓	1/10/00
11	✓	✓	1/10/00
12	✓	✓	1/10/00
13	✓	✓	1/10/00
14	✓	✓	1/10/00
15	✓	✓	1/10/00
16	✓	✓	1/10/00
17	✓	✓	1/10/00
18	✓	✓	1/10/00
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29	✓	✓	1/10/00
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44	✓	✓	1/10/00
45	✓	✓	1/10/00
46	✓	✓	1/10/00
47	✓	✓	1/10/00
48	✓	✓	1/10/00
49	✓	✓	1/10/00
50	✓	✓	1/10/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet h r

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